



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE web-site.
- * Through the Naval Hospital Customer Comment Cards.

* The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

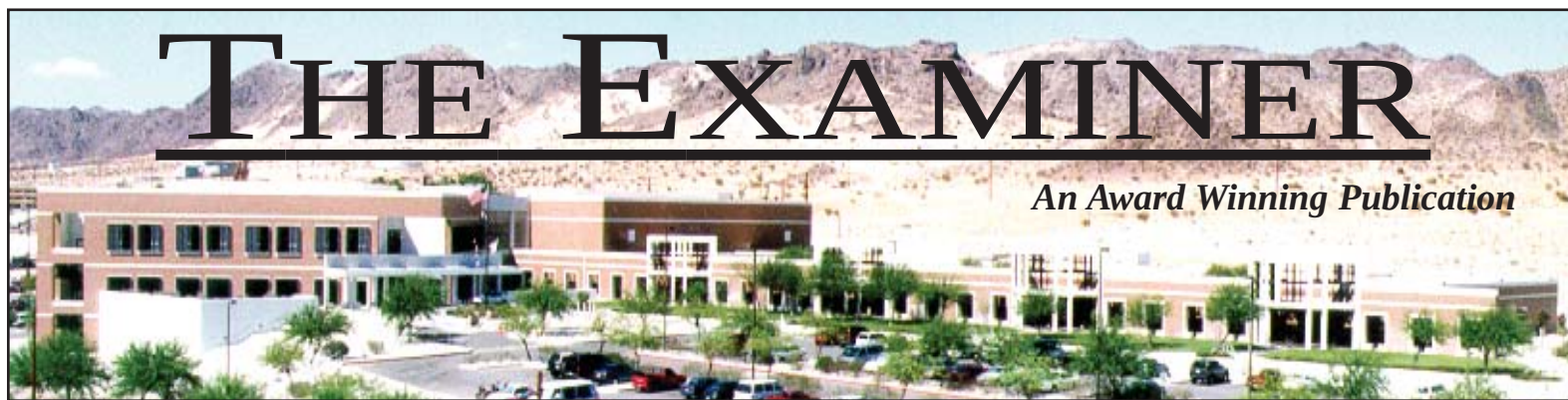
Or Directly to the Joint Commission via:

E-mail at
complaint@jointcomission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTFC
Twentynine Palms, CA 92278-8250



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Naval Hospital Corpsman to receive Combat Advancement

Hospitalman Raven Crook has been recommended for advancement to Hospitalman 3rd Class. She earned this promotion while deployed as an Individual Augmentee to the NATO Role 3 Multinational Medical Unit at Kandahar Air Field, Afghanistan.

According to the citation from her Commanding Officer, Captain Michael D. McCarten, MC, "Although very junior, she was hand-picked to assume responsibility for the Emergency Vehicle Operation team as flight line leader, leading seven personnel on a daily basis in the triage and treatment of over

1400 combat casualties originating from 943 MEDEVAC missions. As team leader for Role 3 CASEVAC team, she directed

rapid transportation for 567 critically wounded ISAF coalition forces and civilian casualties to

Continued on page 7

Hospital Bids Farewell to Chaplain



Chaplain Gerald Garrett on his last rounds in the hospital. He cared deeply for the hospital's patients and staff. He will be missed.

Reprinted with permission from the Hi-Desert Star, Yucca Valley, Calif.

Chaplain Gerald Gene Garrett, an eight-year resident of Yucca Valley, died at his home Aug. 14, 2011, due to prostate cancer. He was 78 years old.

The son of Arthur Eugene and Alice Olivia Garrett, he was born July 15, 1933, in Wenatchee, Wash.

Chaplain Garrett was a Lutheran minister and the Navy Chaplain of the Robert E. Bush Naval Hospital at Twentynine Palms up until his

Continued on page 7



HN Raven Crook with Captain Michael McCarten at Kandahar Air Field, Afghanistan.

Patients seen in June -- 12,748

Appointment No Shows in June -- 926

The news for our patients in June show a small up tick in our missed appointments. For May it was 6.6 percent, for June we are up a bit to 6.8 percent. We have to keep the appointments we make, or cancel in enough time for someone else to use the slot... Don't let your neighbors down by denying them access to needed health care.

To make an appointment call -- 760-830-2752

To cancel an appointment call -- 760-830-2369

Smoking and Your Child’s Asthma: What’s The Link?

*By Martha Hunt, MA CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital*

Everyone knows that smoking is bad for smokers, but did you know that breathing smoke from someones cigarette, pipe, or cigar can make you and your children sick.

Your child’s asthma can be made worse by anyone in the household smoking -- even if they smoke outside.

Tobacco use by anyone in the household can: cause asthma and make it worse, trigger your child’s asthma attacks leading to reduced lung function, cause acute lower respiratory tract infections and can cause chronic respiratory problems for the rest of their lives.

Studies have shown that children whose mothers smoked during pregnancy may have an increased risk of developing asthma.

New research suggests these kids may also get less benefit from the inhaled steroid medications used to prevent asthma attacks.

Smoking inside a home or car is more dangerous because smoke gets trapped inside...even fans and open windows don’t help.

In fact, when you are driving - even if your windows are down -- some of the smoke stays inside the car and circles around the back seat and your child.

Several states and Puerto Rico have now passed laws regarding second hand smoke exposure to children in passenger cars. It is now illegal in Arkansas, California Louisiana, Maine, New Jersey, Oregon, Texas, Vermont and Washington to smoke in a car that is carrying a child.

The level of toxic air in a vehicle when someone is smoking is up to ten times greater than the level which the Environmental Protection Agency considers hazardous. The level of air pollution in a car caused by smoke from a cigarette is so severe that breathing it is dangerous for anyone. Children breathe quicker than adults, are still developing physically and have little or no control over their environments. As a result, children exposed to secondhand smoke run a greater risk of damaging health effects.

Children who live in homes where people smoke also get sick more often with colds and ear infections. The impact of secondhand smoke on children is even greater than on adults. If your child has to undergo sur-

gery and you or someone around you is a smoker, then your child is more likely to have problems waking up after the surgery, may choke on mucous while waking up and may need to be admitted to the hospital overnight until they fully recover from the anesthesia.

Here is an asthma control test. Let’s see how well is your child’s asthma is controlled.

- * How is your child’s asthma today?
- * How much of a problem is your child’s asthma when they run, exercise or play sports?
- * Do they cough because of their asthma?
- * Do they wake up during the night because of their asthma?
- * During the last 4 weeks, how many days did your child have any daytime asthma symp-

toms?
* During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

* During the last 4 weeks, how many days did your child wake up during the night because of asthma?

How well did your child score on the test? Talk to your child’s health care provider if your child’s asthma isn’t properly controlled.

The Benefits Of A Smoke Free Home

Protect your family! Make your home and car smoke-free! Family, friends, and visitors should never smoke in your home. Gently explain to your friends that smoking in your home hurts your child.

If you smoke, smoke only out-

side. But be aware that you are still exhaling smoke for 15 minutes after you finish! So please make sure that you stay outside until you stop blowing smoke. Ask your health care provider about ways to help you stop smoking.

Less school days missed by your child, fewer medications that your child needs to take, fewer ER visits, fewer hospitalizations, and better lung function.

Remember... keeping a smoke-free home can help improve your health, the health of your children, and your community.

For more information about smoking and advice on quitting all forms of tobacco, contact: your primary care provider or call Health Promotion and Wellness at (760) 830-2814.

Referral in Hand? Money in Pocket

*By Brian P. Smith
TriWest Healthcare Alliance*

How would you like to go to your next specialty healthcare appointment knowing that you were saving more than 50 percent?

One small step can save you money. What if it were as simple as making sure you had a referral?

The good news? It is that simple.

When your referral for specialty care is authorized and current, you can avoid paying an out of pocket deductible and 50 percent of the cost of the service.

When you’re enrolled in TRICARE Prime, your care starts with your primary care manager. If you need care that they cannot provide, you will be referred to another provider for specialty care. The primary care manager submits the referral to TriWest Healthcare Alliance. TriWest authorizes the care and sends you a notification.

TRICARE Prime Referral Process

TriWest works with your primary care manager and specialty providers to get you the care you need through the TRICARE Prime referral process. TriWest supports all of your providers as they help

Continued on page 7

Published by Hi-Desert Publishing, a private firm in no way connected with the Department of Defense, the United States Marine Corps, United States Navy or Naval Hospital, Twentynine Palms under exclusive written contract with the Marine Air Ground Task Force Training Command. The appearance of advertising in this publication, including inserts or supplements, does not constitute endorsement by the Department of Defense, the United States Marine Corps, the United States Navy or Hi-Desert Publishing of the products or services advertised. Everything advertised in this publication shall be made available for purchase, use, or patronage without regard to race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor of the purchaser, user or patron. If a violation or rejection of this equal opportunity policy by an advertiser is confirmed, the publisher shall refuse to print advertising from that source until the violation is corrected. Editorial content is prepared by the Public Affairs Office, Naval Hospital, Twentynine Palms, Calif.

Commanding Officer
Captain Ann Bobeck, MSC, USN

Executive Officer
Captain Cynthia Gantt, NC, USN

Command Master Chief
HMCM (SW/FMF) Rodney Ruth, USN

Public Affairs Officer/Editor
Dan Barber

Command Ombudsman
Valatina Ruth
Care Line 830-2716
Cell Phone (760) 910-2050

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month’s edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...
Commanding Officer Naval Hospital
Public Affairs Office
Box 788250 MAGTFTC
Twentynine Palms, CA 92278-8250
Com: (760) 830-2362
DSN: 230-2362
FAX: (760) 830-2385
E-mail: dan.barber@med.navy.mil
Hi-Desert Publishing Company
56445 Twentynine Palms Highway
Yucca Valley, CA 92284
Com: (760) 365-3315
FAX: (760) 365-8686



TRICARE's Back-to-School Safety Check

By Sharon Foster
TRICARE Management Activity

All military kids should have a healthy, injury-free school year.

TRICARE would like to highlight some common safety tips that may help parents as they prepare their kids for the new school year.

Backpacks and Back Pains

Everyone hates to see a 40-pound child, waiting for the school bus, bent over from the weight of a 60-pound backpack strapped to his back.

Heavy backpacks place significant strain on children's spines. This can lead to severe back, neck and shoulder pain, as well as posture problems, according to the American Academy of Orthopaedic Surgeons (AAOS). When choosing a backpack, parents should look for some of these features:

- * Wide, padded, two shoulder straps
- * Padded back
- * Waist strap
- * Lightweight, rolling backpack

It is recommended that a child's backpack weigh no more than 10 to 15 percent of his or her body weight.

Kids should always use both straps and make sure the straps are tight so that the pack fits closely to the body. For more information on backpack safety, go to the AAOS's website at <http://orthoinfo.aaos.org/topic.cfm?topic=A00043> or the Nemours Foundation at <http://kidshealth.org/parent/positive/learning/backpack.html>.

Getting to School Safely

Whether a child walks or takes the bus, there are things parents can do to make sure they get their safely. The American Academy of Pediatrics has these tips:

For walkers:

- * Make sure the child has a safe route with adult crossing guards at intersections
- * Be realistic about whether a child is ready to walk to school alone
- * In neighborhoods with higher levels of traffic, consider a 'walking school bus' where an

adult accompanies a group of children on the walk to school

For bus riders:

- * If the bus has seat belts, make sure children use them at all times
- * Kids should wait for the bus to stop before approaching it
- * Check to see that there is no traffic coming before crossing the street

Playground Injuries

The playground is a favorite of many young children but sometimes they can get hurt, often due to falls. The most common playground injuries are bruises, cuts, sprains and fractures.

Because all playgrounds present some challenge and because children can be expected to use equipment in unintended and unanticipated ways, adult supervision is always recommended.

Parents and teachers should also:

- * Make sure there is an appropriate surface under and around playground equipment
- * Check for spaces where children can get their head or extremities caught
- * Make sure platforms and ramps have guardrails
- * Remove any trip hazards
- * Make sure children do not attach jump ropes, clotheslines, dog leashes, etc. to playground equipment

For more information on playground safety, go to the Department of Health and Human Services' website at www.hhs.gov.

Sports Safety

With today's emphasis on physical activity, many parents

are turning to organized sports for their kids. The options available to kids are limitless ñ soccer, football, basketball, cheerleading, lacrosse, gymnastics and track/field. Playing sports can be fun, but they can also be dangerous if a child is not careful. Parents can help prevent injuries by:

- * Getting their child a physical to make sure he or she is healthy before starting a sport
- * Making sure their child wears protective gear such as helmets and protective pads
- * Making sure their child warms up and stretches before sports

* Making sure their child wears the right shoes, gear and equipment

* Making sure their child drinks plenty of water

For more information on sports safety, go to the National Library of Medicine's website (www.nlm.nih.gov).

Head Lice

Lice are not dangerous and they don't spread disease but they are annoying. Schools and child care settings are prime opportunities for head lice. The most common way to get head lice are by head-to-head contact with a person who already has head lice. Steps kids and their parents can take to prevent and control the spread of head lice include:

- * No head-to-head (hair-to-hair) contact during play
- * Not sharing clothing such as hats, scarves, coats, sports uniforms, hair ribbons or barrettes
- * Keeping long hair up in pony tails or braids

* Not sharing combs, brushes or towels

Both over-the-counter products and prescription treatments are available to treat head lice. Parents can check their doctor, pharmacist or local health department for more information about products that treat head lice. For more information on head lice, go to the Centers

for Disease Control and Prevention's website, www.cdc.gov/parasites/lice/index.html.

TRICARE hopes parents find these tips helpful in making the transition back to school and protecting their children from the most frequent kinds of school-related injuries.

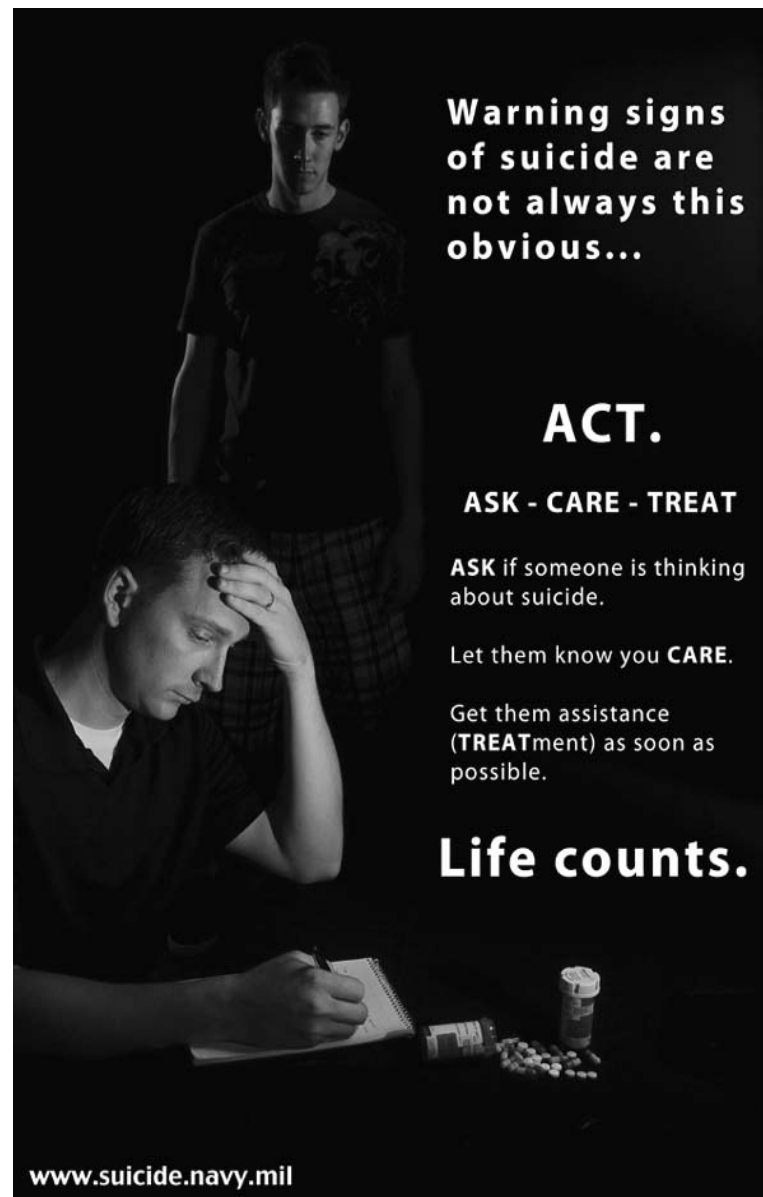
Hospital Clinics will Close for Labor Day

All hospital outpatient clinics and the Adult Medical Care Clinic will be closed Monday and Tuesday Sept. 5 and 6, in recognition of Labor Day and Combat Center holiday hours.

The hospital Emergency Medicine Department and Inpatient Wards will remain open. Pharmacy, Radiology and Laboratory will only be open for Inpatient and Emergency Medicine Department patients only.

All outpatient clinics and services will resume at the normal time on Wednesday Sept 7.

For information please call Quarterdeck at 760-830-2190.



Warning signs of suicide are not always this obvious...

ACT.

ASK - CARE - TREAT

ASK if someone is thinking about suicide.

Let them know you **CARE**.

Get them assistance (**TREATment**) as soon as possible.

Life counts.

www.suicide.navy.mil

Super Stars...



Ensign Jenna Dimaggio, Maternal Infant Nursing Department, has been selected at the Officer of the Quarter.



Lt. Cmdr. Mark Anderson, Main Operating Room, receives a Navy and Marine Corps Commendation Medal.



Lt. Melissa Singer, OB/GYN receives a Navy and Marine Corps Commendation Medal for her work while assigned to the Naval Hospital.



HN Henry Bueno, Adult Medical Care Clinic, receives a Letter of Commendation.



CS3 Edwin Abad, Combined Food Ops, receives a Navy and Marine Corps Achievement Medal.



HM3 Daniel Derosé, Patient Administration recently took the oath of reenlistment.



CS3 Pheara Dy, Combined Food Ops, receives a Navy and Marine Corps Achievement Medal.



CSSN Andre Fonville, Combined Food Ops, receives a Letter of Commendation.



CSSN Gregory Gaudet, Combined Food Ops, receives a Letter of Commendation.



HM2 George Herrera, Adult Medical Care Clinic, receives his fourth Good Conduct Award.



HM3 Jason Mitchell, Manpower Department, receives a Letter of Commendation.



Dave Llanos, Command Suite, receives a Letter of Commendation.



Lt.j.g. Lewis Monroe, Multi-Service Ward, receives a Navy and Marine Corps Achievement Medal.



MA1 Kenny Matthews, Hospital Master at Arms is piped ashore during his retirement ceremony following 20 years of honorable service in the United States Navy.



HN Charles Lockridge, Multi-Service Ward, takes the oath at his recent reenlistment ceremony.



HM1 Kevin Tebbe, Pharmacy, is presented with the U.S. Flag at his recent retirement ceremony.



Lt. Cmdr. Alice Moss, Pharmacist, receives a Navy and Marine Corps Achievement Medal.



Lt. David Myers, Maternal Infant Nursing Dept., receives a Navy and Marine Corps Commendation Medal.



HM1 Timothy Nacinopa, Laboratory, receives a Letter of Commendation.



Lt. Carolyn Weiss, Multi-Service Ward, takes the oath at her recent promotion ceremony.

Health Info on the Go with New TriWest Mobile Website, App

Delivering Mobile Support to Military Members, Families

PHOENIX (August 23, 2011) -- You're 2,000 miles from home, just about to board a flight. You need to see if your doctor referral was processed and all you have is your smartphone.

Tap... Tap... Scroll... Tap... Got it!

TriWest Healthcare Alliance has launched its mobile website and a mobile application, allowing TRICARE West Region beneficiaries to easily tap and scroll their way to their healthcare information, right from their smartphones and mobile devices.

TriWest manages the

Department of Defense's TRICARE health program for 2.9 million military families in the western United States.

Healthcare Info Goes Wherever You Go

Military families face distinct challenges in their daily lives, routinely managing family moves, household duties and the prospects of a loved one's deployment.

Providing direct, mobile access to their healthcare information is one way TriWest hopes to reduce some of the burden on military members and families.

"We're excited to unveil this technology to our customers,

because it brings a whole new level of convenience to their busy lives," said TriWest President and CEO David J. McIntyre, Jr. "Military families can now manage their health care right from their phone, while they're traveling or at home with the kids...whenever they want or need to use it."

Mobile Site

TriWest's mobile website (m.TriWest.com) allows any beneficiary with a secure TriWest.com account to use their phone to:

- * Receive real-time status of healthcare authorizations and referrals

- * Check claims
- * Pay fees or premiums

Mobile App

TriWest's mobile app provides added features to smartphone and iPad users, including:

- * Compare TRICARE coverage plans
- * Change plans based on life events, such as birth or adoption
- * Create an address book for doctors
- * View guidelines for getting care

The app can be downloaded for iPhone/iPad and Android...devices.

Learn more about TriWest mobile capabilities, including

text alerts, at TriWest.com/GoMobile.

About TriWest

TriWest Healthcare Alliance partners with the Department of Defense to do "Whatever It Takes" to support the healthcare needs of 2.9 million members of America's military family. A Phoenix-based corporation, TriWest provides access to cost-effective, high-quality health care in the 21-state TRICARE West Region. Follow us on Twitter and Facebook or visit www.triwest.com for more information.

TRICARE Expands Retail Pharmacy Vaccine Program

FALLS CHURCH, Va. -- TRICARE is expanding the number of preventive vaccines covered at retail network pharmacies. Until now, the majority of vaccines were only covered when obtained through a physician's office.

"Vaccines are a critical part of every family's preventive health program," said Rear Adm. Christine Hunter, TRICARE Management Activity deputy director. "We are very pleased to offer this expanded convenience to our beneficiaries and, best of all, there's no copay."

TRICARE covers age-appropriate vaccines recommended by the Centers for Disease Control and Prevention, including the high-demand shingles

vaccine, Zostavax. Since late 2009, TRICARE has covered seasonal flu, H1N1 flu and pneumococcal vaccines at retail pharmacies with nearly 300,000 vaccines administered to date.

The expanded program covers immunizations for measles, mumps, shingles and many other preventable diseases. To see the expanded list of vaccines available from authorized TRICARE retail pharmacies visit www.tricare.mil/vaccines.

TRICARE officials strongly recommend that beneficiaries check ahead before making a trip to their pharmacy to make sure it's part of the TRICARE network and authorized to offer the vaccines. Ensuring that the pharmacy has the needed vac-

cine is also advised as some, such as shingles, may be in short supply.

In addition, while all 50 states and the District of Columbia

...The expanded program covers immunizations for measles, mumps, shingles and many other preventable diseases...

allow pharmacists to administer vaccines, individual state laws can restrict which vaccines pharmacists may administer, or may restrict based on licensing

or by age of the recipient.

Beneficiaries who obtain vaccines through their regular physician do not pay copayments for preventive care such as immunizations and recommended screenings, but usual cost shares and copayments for office visits may apply.

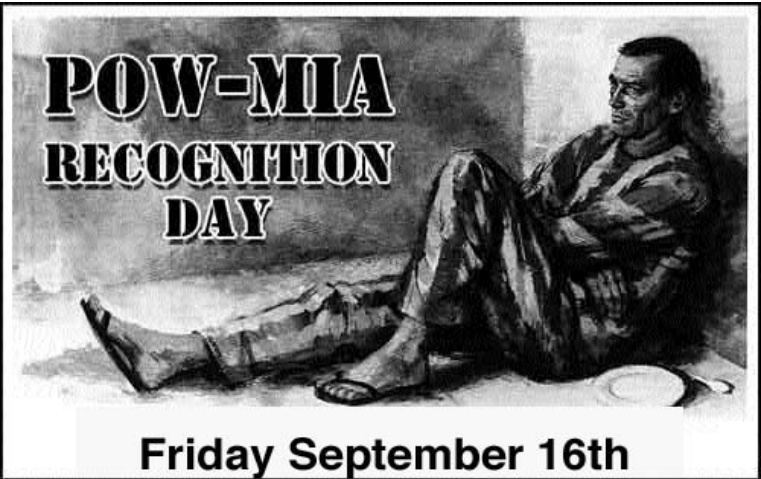
"Expanded access to a wide variety of recommended vac-

cines makes it easier for beneficiaries to make good health care choices," said Hunter. "Whether we choose a military clinic or hospital, a retail pharmacy or our regular doctor, getting immunized is one of the easiest things we can do to help protect the health of our families and our community."

Happy Birthday...

Physician Assistants
est. Sept 1, 1971

Emergency Medicine named 23rd Medical
Speciality
September 21, 1979



Money in Pocket...

Continued from page 2

you manage your healthcare.

If you don't have a referral, and you get services from a specialty care provider (not including emergency care), you could end up using the point of service option. This means you are responsible for 50 percent of the TRICARE-allowed amount for the care.

If you're an active duty service member, you'll always (except for emergencies) need a referral for civilian provider care. Without a referral, you could be

responsible for the entire amount.

Referrals and authorizations do expire. If your primary care manager submitted a referral for you in the past, check to make sure your referral is still valid. You can see your current referrals and authorizations in your secure TriWest.com account.

Check in With Your PCM

Has it been a while since you've visited your primary care manager? Check your TriWest.com account to find

their name, location and contact information.

Don't have a TriWest.com account yet? Sign up today on TriWest.com. You can view your referrals and sign up to get text or email alerts when an authorization is processed. You'll know that your care is authorized in hours instead of days. That means you can get your care soon.

What do you need to save time and money before your next visit to a specialty provider? Your referral. Get it faster at TriWest.com.

Farewell to Chaplain...

Continued from page 1

death. A devoted Christian and family man, he was a civic-minded citizen who thought deeply about solutions to social and political issues. He was a great listener who enjoyed helping people and thought of others before himself. He was a life-

long learner and a voracious reader.

Chaplain Garrett loved his home, Haven Nook, and the desert, and he was known and loved in his community.

He was preceded in death by wife Virginia Lee and one

daughter.

He is survived by his mother, Alice Olivia Garrett of Phoenix, Ariz., wife Brenda Garrett of Yucca Valley, eight daughters and sons, 17 grandchildren and one great-grandchild.

In lieu of flowers, memorial donations may be given in Chaplain Garrett's name to Doctors Without Borders.

Combat Advancement...

Continued from page 1

and from entry control points and flight ramps. Her devotion to our mission helped establish the NATO Role 3 Multinational Medical Unit as the benchmark for operational medical excellence recording a 98 percent survival rate for coalition casualties. Her skills and technical expertise enhanced the Command's ability to keep the war fighters in the fight."

The citation also went on to read in part, "During indirect fire attacks on Kandahar Air Field (KAF), Hospitalman Crook repeatedly disregarded her own personal safety, leaving covered positions to direct the movement, triage, clearing, and stabilization of casualties from the flight line during inbound 9-Line MEDEVAC's. Her efforts ensured all casualties were cared for in a quick and orderly manner and were expeditiously transferred to a higher echelon of care."

When Crook returns to the Naval Hospital, she will be reassigned to the OB/GYN Clinic where she worked before her deployment to Afghanistan.

You know where you want to go.

Sailor Career Toolbox

The tools you need to get there.

<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>



Important Facts About TRICARE Survivors Benefits

By Sharon Foster
TRICARE Management Activity

The loss of a loved one can bring tremendous grief and sadness to surviving family members. It's comforting to know that TRICARE continues to provide coverage for family members if a sponsor dies. ("Sponsor," refers to the person who is serving or who has served on active duty or in the National Guard or Reserves.) TRICARE options and costs will vary based on:

- * The sponsor's military status when he or she dies
- * If the surviving beneficiary is a spouse or child

If a beneficiary is the spouse of an active duty service member (ADSM) who died while on active duty, the beneficiary remains eligible for TRICARE as a "transitional survivor" for three years following his or her death and will have active duty family member (ADFM) benefits and costs. After three years, a beneficiary remains eligible, as a "survivor," for TRICARE Standard and TRICARE Extra, and may purchase TRICARE Prime at the retiree rates. If a beneficiary is overseas, he or she remains eligible for TRICARE Overseas Program TOP Standard once the transitional survivor status ends.

If a beneficiary is the child of an ADSM who died while on active duty, he or she remains eligible for TRICARE benefits as an ADFM. Their transitional survivor status ends at age 21 or 23 if the beneficiary is enrolled in a full-time course of study.

In the United States and U.S. territories, pharmacy benefit remains the same regardless of the TRICARE program option the beneficiary uses.

Beneficiaries may fill prescriptions through a military treatment facility, TRICARE Pharmacy Home Delivery (www.tricare.mil/homedelivery), TRICARE retail network pharmacies or a non-network pharmacy.

The TRICARE Dental Program (TDP) Survivor Benefit Plan is a three-year benefit for transitional survivors offering the same coverage as the regular TDP plan. The beneficiary will have no monthly premiums but is responsible for paying applicable cost-shares for covered services. If enrolled in the TDP at the time of his or her sponsor's death, the beneficiary will be dis-enrolled from the TDP and enrolled in the TDP Survivor Benefit Plan. When the TDP Survivor Benefit Plan ends, the beneficiary is eligible for the TRICARE Retiree Dental Program (TRDP). The TRDP may also be available if

the beneficiary doesn't qualify for the TDP Survivor Benefit Plan because he or she was not enrolled in the TDP at the time of his or her sponsor's death. It is important that all informa-

tion in the Defense Enrollment Eligibility Reporting System (www.tricare.mil/deers) is up-to-date for this process to move quickly and smoothly. For more detailed information of TRI-

CARE Survivor Benefits and other TRICARE programs, beneficiaries can go to TRICARE's website (www.tricare.mil) or talk with their regional health care manager.

TRICARE Touches on Treatment for Psoriasis

By Kristin Shives
TRICARE Management Activity

Psoriasis is a chronic disease that causes scaling and inflammation of the skin affecting nearly 7.5 million Americans, according to the National Institutes of Health (NIH).

Anyone can get psoriasis and TRICARE wants beneficiaries to know more about its symptoms and treatment.

Psoriasis is a common skin disease caused by an overactive immune system that causes skin irritation and redness. New skin cells usually rise to the surface once a month, but psoriasis causes the skin to grow eight times faster than normal and the dead skin cells build up on the skin surface. The dead skin forms thick red patches that are covered with flaky, white dead skin cells.

The most common form, plaque psoriasis, appears as raised, red patches or lesions

covered with a silvery white buildup of dead skin cells called scales. Most commonly it is found on the elbows, knees, scalp, back, face, palms and feet, though it can occur on any part of the body. The times when the skin worsens are called flares.

Psoriasis can be mild, moderate or severe. Doctors generally treat psoriasis in steps based on the severity of the disease, size of the areas involved, type of psoriasis and the patient's response to initial treatments, according to NIH.

The NIH offers the '1-2-3' approach:

1. Topical treatment-medicines are applied directly to the skin
2. Light therapy-natural ultraviolet light from the sun and controlled delivery of artificial ultraviolet light are applied to the skin
3. Systemic treatment-taking medicines by mouth or injection

Treatment options for mild psoriasis include over-the-counter or prescription topical med-

ications, including steroids, and light therapy.

In some people, psoriasis can affect more than just their skin. It causes some people to have swollen joints and arthritis. Therefore, it is important to discuss these risks with a primary care provider.

There is no cure for psoriasis, but for some sufferers symptoms may disappear for years while others may have flare-ups every few weeks.

Anyone with psoriasis should pay attention to stress, dry skin, infections and certain medications. These factors can cause symptoms to worsen.

Beneficiaries should talk with their primary care manager (PCM) or doctor to find a treatment-or treatments-to reduce or eliminate symptoms.

Skin irritation and rashes shouldn't be ignored. Beneficiaries should see their PCM if a skin problem lasts more than a few days.